

Iowa Department of Human Services

CHILD CARE CENTER LICENSING FEE INVOICE☐ **INITIAL LICENSURE**☐ **RELICENSURE**

Center/Preschool Name:	License Expiration Date
License Number	Tax ID/EIN
Location Address	
Mailing Address	
Final Capacity Determination Number	

Amount Due (See table below)	Due Date
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<u>Center Capacity</u>	<u>Fee Amount</u>
0 to 20 children	\$50
21 to 50 children	\$75
51 to 100 children	\$100
101 to 150 Children	\$125
151 or more children	\$150

Payment must be in the form of a check, cashier's check, money order or cash.

Licensing Consultant:	<i>Contact your DHS Licensing Consultant immediately if you have questions or if there are errors in this information prior to the submission of payment.</i>
Representative Signature/Title	
Date	

This form must be completed and returned with your application and payment by the due date shown above. (If you have already submitted your application, just return this form with payment by the due date.)

Return to:

**License Fee Collections Unit
Iowa Department of Human Services
Supply Unit – Level A
Hoover State Office Building
1305 Walnut Street
Des Moines, IA 50319**

Child Care Center Licensing Fee Invoice Form 470-4834

- Purpose:** This invoice form is used by the department to notify a child care center of the amount due and due date of the licensing fee for initial child care center licensing and re-licensure.
- Source:** The English version of Form 470-4834 is available in Employees' Manual 12-E Appendix, Child Care Center and Preschool Licensing Standards and Procedures Comm. 204, and can be ordered from Anamosa Prison Industries.
- Completion:** The licensing consultant or designee completes the form upon the licensing consultant's determination of center capacity. The center is responsible for alerting DHS to any errors on the completed form, including changes in capacity, prior to the submission of payment to the department.
- Distribution:** The completed form is provided to the center during the initial licensing process upon the final determination of capacity. For re-licensure, it is provided with the renewal packet. The center submits the form with the amount due in the form of check, cashier's check, money order, or cash to the department by the due date indicated on the form to: Licensing Fee Collections Unit; Iowa Department of Human Services; Supply Unit- Level A; Hoover State Office Building; 1305 Walnut Street; Des Moines IA 50319.
- Data:** The form contains the following data elements:
- Licensure or re-licensure
 - License expiration date, license number, Tax ID/EIN, facility location and mailing addresses, final capacity determination number, amount due, due date.
 - The form also contains instruction to the center to contact the licensing consultant immediately if there are errors on the form prior to the submission of payment.

Child Care Center Record Check Fee Invoice

- Complete and submit form 595-1396, DHS Criminal History Record Check Form B for each subject (individual) of a record check
- Attach a **separate** Child Care Center Record Check Fee Invoice form 470-4886 for **each** for Form 595-1396, DHS Criminal History Record Check Form B submitted. **No more than one individual should be listed on the invoice and the Record Check Form B.**
- Attach payment in the form of check, cash, cashier's check, or money order. If more than one invoice form 470-4886/Form B is submitted, you may send in one check, cashier's check, or money order for the total combined amount due listed on each separate invoice.
- Failure to submit correct amount due will result in the request being sent back to the Center without the record check request being processed.

Please fill-in information below:

Name of Center/Preschool
Center/Preschool Tax ID
Center/Preschool mailing address
Center/Preschool facility address
Name of individual subject (There should be no more than one person listed in this space. Use a separate invoice for each individual's record check request)
Form of Payment
Check, Cashier's Check or Money Order #
*Total Amount Due For Individual Subject (Do not combine total amount of all invoices. Only include the total amount due for the individual listed on this form)
Date:

Return to:

License Fee Collections Unit
Iowa Department of Human Services
Supply Unit – Level A
Hoover State Office Building
1305 East Walnut Street
Des Moines, IA 50319

***Total Amount Due For Individual Subject:**

From June 1-June 30 2010, the fee is \$25.00/SING Check
Starting July 1, 2010, the fee is \$35.00/SING Check

There are two names allowed/subject/SING check for an individual.

Example 1: A center employee who has been married two times needs a records check.

This will require two (2) SING checks: one check for the maiden name and one married name, and another for the second married name.

Mary Johnson (maiden name)
Mary Clark (first married name)
Mary Jones (second married name)

Mary Johnson + Clark will be one SING check
Mary Jones will require another SING check

"Total Amount Due For Individual Subject" should be listed as \$50.00 from June 1-30, 2010

"Total Amount Due For Individual Subject" should be listed as \$70.00 starting July 1, 2010

Only ONE Child Care Center Record Check Fee Invoice form 470-4886 and, DHS Criminal History Record Check Form B 595-1396-needs to be submitted for this individual.

Example 2: Two center employees need record checks.

Employee A: James Davis will be one SING check
Employee B: Barb Evans (maiden) plus Smith (married) will be one SING check

Submit ONE Child Care Center Record Check Fee Invoice form 470-4886 and, ONE DHS Criminal History Record Check Form B 595-1396 for James. "Total Amount Due For Individual Subject" should be listed as \$25.00 from June 1-30, 2010; \$35.00 starting July 1, 2010.

Submit a separate Child Care Center Record Check Fee Invoice form 470-4886 and, a separate DHS Criminal History Record Check Form B 595-1396 for Barb. "Total Amount Due For Individual Subject" should be listed as \$25.00 from June 1-30, 2010; \$35.00 starting July 1, 2010.

Submit ONE payment with both invoices/Form B's in the amount of \$50.00 from June 1-30, 2010; \$70.00 starting July 1, 2010.

Child Care Center Record Check Fee Invoice Form 470-4886

- Purpose:** This invoice form is for use by child care centers who utilize the department to conduct the required state criminal, child abuse, and sex offender registry record checks. The invoice form documents the subject of the record check and the amount of payment due for the individual listed on the form.
- Source:** The English version of Form 470-4886 is available in Employees' Manual 12-E Appendix, Child Care Center and Preschool Licensing Standards and Procedures Comm. 204, and can be ordered from Anamosa Prison Industries.
- Completion:** The center provides all information listed on the form. Instructions with examples for calculating the amount due/individual are on the back of the form. The form must be submitted to the department with the individual's 595-1396, DHS Criminal History Record Check Form B. One invoice form per individual is required. If submitting invoices/Form B's for more than one individual, one check, cashier's check or money order with the combined total amount due may be submitted. However, each invoice form 470-4886 needs to list only the amount due for the individual listed on the form.
- Distribution:** The completed form is sent to the department address listed on the form. Each form must have the individual's record check Form B attached. The total amount due in the form of check, cashier's check, or money order must accompany the invoice. Failure to submit the correct amount due will result in the request and payment being sent back to the center without the record check request being processed. The department will perform the record check using the state Single Contact Repository and will perform evaluations in accordance with 441- IAC Chapter 109.
- Data:** The center must provide the center name, tax id, facility mailing and location address, name of individual for whom the check is being requested; indicate form of payment, check, cashier check, or money order #, and the total amount due for the individual subject. The form provides the department address where the form and payment must be sent, and instructions/examples for calculating payment.

Record Check Waiver Form

Date
Center/Preschool Name
Center/Preschool Mailing Address
Center/Preschool Location Address
Center/Preschool Contact Name and telephone number

Part I

Check all that apply:

This waiver request is for:

- ☐ Student interns who have undergone an Iowa state records check by the student's educational institution for the purpose of participating in the student intern program in the center/preschool. Complete Part II, Section "a"/Items 1-8 below. Include supporting documentation.
- ☐ Student interns who have undergone a fingerprint-based check of the FBI national criminal record database for the purpose of participating in the student intern program in the center/preschool. Complete Part II, Section "b" /Items 1-7, below. Include supporting documentation.
- ☐ Those subject to a record check at the center who have undergone a fingerprint-based check of the FBI National Criminal database due to federal regulations for the purpose of being involved with child care at the center. Complete Part II, Section "b"/Items 1-8, below. Include supporting documentation.

Part II

Answer the following questions as indicated above, and submit supporting documentation from the relevant source for each item:

a) State of Iowa Record Checks:

Submit supporting documentation from the educational institution for each item. Supporting documentation must be on educational institution letterhead; signed, dated, with contact information from the source included.

- 1. What is the data source(s) for the Iowa criminal record check? How far back in time does the criminal check go?**
- 2. What is the data source(s) for the Iowa Sex Offender Registry check? How far back in time does the sex offender registry check go?**
- 3. What is the data source(s) for the Iowa Child Abuse Registry check? How far back in time does the child abuse registry check go?**
- 4. When does the educational institution conduct the Iowa records check?**
- 5. How often is each check repeated?**
- 6. Is there an evaluation process for “hits”? If so, who performs the evaluation, what is evaluated, and what is the criteria used in doing the evaluation?**
- 7. Is the center/preschool informed of any “hits” that the student may have on their records? If so, how?**
- 8. Does the center require the student intern to sign a statement indicating whether or not the student intern has any conviction of violating any law in any state or has any record of founded child abuse or dependent adult abuse in any state? (Provide documentation on center letterhead.)**

b) Fingerprint-based check of the national FBI criminal database:

Submit supporting documentation from the federal regulatory agency or educational institution for each item. Supporting documentation must be on federal regulatory agency or educational institution letterhead; signed, dated, with contact information from the source included.

- 1. How is the fingerprint obtained, and what is the process for submitting it to the FBI?**
- 2. Are all states checked through this process?**
- 3. When is the check performed?**
- 4. How often is the check repeated?**
- 5. Is there an evaluation process for “hits”? If so, who performs the evaluation, what is evaluated, and what are the criteria used in doing the evaluation?**
- 6. Is the center/preschool informed of any “hits” and if so, how?**
- 7. Does the center require the subject of the record check to sign a statement indicating whether or not the subject has any conviction of violating any law in any state or has any record of founded child abuse or dependent adult abuse in any state? (Provide documentation on center letterhead.)**
- 8. For centers who are required to submit fingerprints for the purpose of an FBI national criminal history check, who at the center is required to undergo this check for the purpose of compliance with federal regulations?,**

**Return Form with all required documentation attached to:
Iowa Department of Human Services
Hoover Building, 5th Floor
1305 E. Walnut
Des Moines, Iowa 50319
Attn: Program Manager, Child Care Regulation**

Part III
Decision (To be completed by the Department of Human Services within 60 calendar days from receipt of Form 470-4893 and all required documentation)
<p>Approved from (date) to (date):</p> <p>Approval Conditions/other requirements:</p>
Denied _____

Reason for denial:

1) _____ Data source

Explanation:

2) _____ Frequency

Explanation:

3) _____ Evaluation Process

Explanation:

4) _____Lack of adequate documentation

Explanation:

5) _____Other

Explanation:

Signed:
Address:
Telephone Number:
Date:
Date sent to center/preschool:

Child Care Center Record Check Waiver Form 470-4893

Purpose: This form is for use by child care centers who: 1) Participate in student intern programs or 2) Are required by federal regulations to submit fingerprints for those who are involved with child care at the center.

The waiver form is used when the center seeks to substitute the DHS-mandated state records check (for interns) and/or the fingerprint-based national criminal check of the Federal Bureau of Investigation data base with state and national record checks already performed by the student's educational institution or by the federal regulatory agency.

Source: The English version of Form 470-4893 is available in Employees' Manual 12-E Appendix, Child Care Center and Preschool Licensing Standards and Procedures Comm. 204, and can be ordered from Anamosa Prison Industries.

Completion: The center designee completes the form by indicating which type of waiver(s) is sought, answering all relevant questions in writing, and attaching all required documentation as indicated on the form.

Distribution: The completed form with required documentation attached is submitted by the center to the department for review at the address listed on the form. The department will review the completed form and documentation and either approve or deny the waiver request within 60 days of receipt of the waiver request form from the center. The department will document the decision and any conditions of approval on the form and send the form back to the center and the licensing consultant. The center will keep a copy of the decision on file. If there is an end date/expiration to the approval, the center must submit a new request prior to that date.

Data: The date, center name, facility location and mailing address, and center contact information are listed at the top of the form. Part I identifies which type of waiver(s) is being requested. Part II requests specific information related to each type of record check and related evaluation processes. Part III documents the department's decision and reasons for denial. The form is signed and dated by the department staff who evaluated the waiver request, with contact information included.

Iowa Department of Human Services

National Criminal History Check Confirmation Form

This form may be used by a center/preschool licensed by the Iowa Department of Human Services (IDHS) to request:

1. The date that an applicant's previous IDHS-licensed center/preschool employer submitted the individual's fingerprints to the Iowa Department of Public Safety for the purpose of an FBI national criminal record check, and
2. Whether or not the individual was cleared for involvement with child care.

The requesting center/preschool fills-in **Part I** and secures the applicant's approval for the request after reviewing the entire form with the individual and explaining the purpose of the request.

The receiving center/preschool either provides the information requested or declines the requesting center/preschool's request in **Part II**, and returns the form to the requesting center/preschool.

Part I (to be completed by requesting center/preschool):

Name of requesting Center/Preschool	
Address of requesting Center/Preschool	
Name of Applicant	Date of Birth of Applicant

I, _____ have reviewed Form 470-4896 in its entirety, and give permission for
(applicant)
_____ to provide _____ with the
(receiving center) (requesting center)
date that my fingerprints were submitted to the Iowa Department of Public Safety for the purpose of a national criminal history check, and whether or not I was cleared for involvement with child care at _____.
(receiving center)

Signature of applicant

Date signed:

Return Form to:

Center/Preschool Name:

Center/Preschool Address:

City, State, Zip:

Center/preschool contact person/phone number:

Part II (to be completed by receiving center):

- 1) Date receiving center/preschool submitted the fingerprints for an FBI national criminal record check on individual identified on page 1: _____
(mm/dd/yyyy)
- 2) The FBI national criminal history record check process, which may or may not have included a DHS evaluation, resulted in clearance for the person's involvement with child care at center (check one):
☐ Yes
☐ No

OR (check if applicable):

- ☐ The receiving/center _____ **DECLINES** to provide this information to the requesting center.

Receiving Center Signature:

Date signed:

Part III: Instructions for the requesting center:

- 1) If the applicant refuses to sign consent, the requesting center **MUST** submit the individual's fingerprints to the Department of Public Safety for the purpose of a national FBI criminal check if the center/preschool chooses to consider the individual for involvement with child care.
- 2) If Part II, #1 is blank, or the date of the check indicates another check is due based on frequency requirements established in Iowa law, the requesting center **MUST** submit the individual's fingerprints to the Department of Public Safety for the purpose of a national FBI criminal check if the center/preschool chooses to consider the individual for involvement with child care. Fingerprints must be submitted within 30 days of the individual's employment/involvement with child care at the center, even if the form is not returned.
- 3) If Part II, #2 is marked "no," or the receiving center declines to provide information, the requesting center **MUST** submit the individual's fingerprints to the Department of Public Safety for the purpose of a national FBI criminal check if the center/preschool chooses to consider the individual for involvement with child care. Fingerprints must be submitted within 30 days of the individual's employment/involvement with child care at the center, even if the form is not returned.
- 4) The requesting center/preschool must also submit the fingerprints if aware of any possible transgressions that have occurred in another state since the time of the previous center/preschool submission of the fingerprints to the Department of Public Safety, even if Part II, #2 is marked "yes." Fingerprints must be submitted within 30 days of the individual's employment/involvement with child care at the center, even if the form is not returned.
- 5) This form must be placed in the applicant's personnel file.

The FBI national criminal history check does **NOT** replace the Iowa record check that is required in 441-Chapter 109.6(6)"c"

National Criminal History Check Confirmation Form 470-4896

- Purpose:** This form is for use by DHS-licensed child care centers to request information from an applicant's former DHS-licensed child care center employer regarding the applicant's fingerprint-based check of the Federal Bureau of Investigation national criminal database. This is for the purpose of determining whether or not the individual needs to have such a check performed by the center that is currently considering the applicant for involvement with child care.
- Source:** The English version of Form 470-4896 is available in Employees' Manual 12-E Appendix, Child Care Center and Preschool Licensing Standards and Procedures Comm. 204, and can be ordered from Anamosa Prison Industries.
- Completion:** The requesting center (the center considering the applicant's involvement with child care) reviews the entire form with the applicant and explains what information is being requested. Upon the applicant's consent, the requesting center completes Part I of the form and sends it to the previous employer. The previous employer (receiving center) provides **ONLY** the information requested on the form related to the national criminal history check. The receiving center may also choose to decline to share the information, but must indicate that on the form. Upon completion of the form, the receiving center returns the form to requesting center. The requesting center follows the "further instructions" listed on the form. The requesting center is responsible for ensuring that the individual's prints are submitted to Iowa Department of Public Safety within 30 days of employment/involvement with child care when necessary (even if the form is not returned.)
- Distribution:** The completed form is sent by the requesting center to the previous employer (receiving center.) The previous center returns the form to the requesting center. It is placed in the individual's personnel file.
- Data:** Part I: The requesting center provides the center name, address, and contact info; also the name and date of birth of the individual. The applicant signs consent after reviewing the form with the requesting center. The receiving center completes Part II and returns the form to the requesting center. The form provides instructions on whether or not the receiving center must proceed with the national criminal history check.